

HEALTH PLAN DESIGN CHANGES EFFECTIVE SEPTEMBER 1, 2015						
PRESCRIPTION PLAN CHANGES APPLY TO ALL PLANS						
COPAY CHANGES	CURRENT COPAYS			NEW COPAYS		
	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON- PREFERRED	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON- PREFERRED
30 DAY SUPPLY	\$8.50	\$20.00	\$45.00	\$8.00	\$28.00	\$50.00
90 DAY SUPPLY	\$17.00	\$40.00	\$90.00	\$16.00	\$56.00	\$100.00
ELIMINATION OF COVERAGE FOR ERECTILE DYSFUNCTION DRUGS EXCEPT IF MEDICALLY NECESSARY FOR CONDITION OTHER THAN ERECTILE DYSFUNCTION – APPLIES TO ALL PLANS						
HEALTH PLAN DESIGN CHANGES						
FIRST STATE BASIC PLAN						
NO CHANGES OTHER THAN PRESCRIPTION COPAY CHANGES						
HIGHMARK AND AETNA CONSUMER DIRECTED HEALTH PLANS						
NO CHANGES OTHER THAN PRESCRIPTION PLAN CHANGES						
PLAN DESIGN CHANGES FOR HIGHMARK AND AETNA HMO PLANS AND FOR HIGHMARK COMPREHENSIVE PPO PLANS						
COPAY CHANGES	CURRENT COPAYS		NEW COPAYS			
	HMO PLANS	COMPREHENSIVE PPO PLAN	HMO PLANS	COMPREHENSIVE PPO PLAN		
PRIMARY CARE PHYSICIAN VISIT	\$10	\$15	\$15	\$20		
SPECIALIST VISIT	\$20	\$25	\$25	\$30		
LAB TEST	\$5	\$5	\$10	\$10		
XRAY (NOT HIGH TECH IMAGING)	\$15	\$15	\$20	\$20		
XRAY (HIGH TECH IMAGING)	\$25	\$15	\$35	\$35		
OUTPATIENT SURGERY IN AMBULATORY SURGERY CENTER	\$30	COVERED 100% WITHOUT COPAY	\$50	\$50		
OUTPATIENT SURGERY IN HOSPITAL SURGERY CENTER	\$75	COVERED 100% WITHOUT COPAY	\$100	\$100		